

Commonwealth of Kentucky
Office of Insurance - Agent Licensing Division
P. O. Box 517 - Frankfort, Ky. 40602
502-564-6004 <http://doi.ppr.ky.gov/kentucky/>

FINANCIAL RESPONSIBILITY ERRORS AND OMISSIONS
(Form 99-1)

This form is available only to admitted authorized insurers who are eligible to write the liability for the E&O policy. If you are an authorized insurer, please send your written request for this form to:

Kentucky Office of Insurance
Agent Licensing Division
Attn: Financial Responsibility
P. O. Box 517
Frankfort, KY 40602

Or you may submit your written request via e-mail to:

KOIAgentLicensingMail@ky.gov

The Errors and Omissions policy may be used to satisfy financial responsibility requirements for licensees, as required by KRS 304.9-105, 304.9-330, 304.10-140, and 304.15-700. This certificate ensures that the insurer has and will keep in effect on behalf of the licensee a policy of insurance for the statutorily required amount covering the legal liability of the licensee as the result of erroneous acts or failure to act in his or her capacity as a licensee, and ensuring to the benefit of any aggrieved party, and that the policy shall not be terminated unless at least thirty (30) days prior written notice will have been given to the Office of Insurance. Notice to the Office of Insurance shall be deemed to have been given on the date the completed Form 99-5 is received by the Office.

Please visit our Web site at <http://doi.ppr.ky.gov/kentucky/> to confirm that the Office of Insurance has received completed Form 99-1 and entered it into the Office records for the named licensee.